SHADED AREAS FOR CUSTOMER SERVICE USE ONLY

ENTERPRISE JOB NO.

DIVISION OF CENTRAL SERVICES/IDS

INTERDEPARTMENTAL DELIVERY/MAIL STOP REQUEST FORM

(PLEASE TYPE OR PRINT)

AGENCY/DIVISION	BILLING CONTACT NAME
CONTACT NAME (Job Specific)	TITLE OR POSITION
TELEPHONE NO./EXT. / E-MAIL ADDRESS (Job Specific Contact)	TELEPHONE NO. EXT.
PHYSICAL ADDRESS & SUITE/ROOM #	E-MAIL ADDRESS (Billing Contact)
CITY	AUTHORIZED SIGNATURE (for request)

DATE OF REQUEST	START DATE	CSR:
		DELIVERY MANAGER
BILLING CODE NO. (required to process order)		DATE PROCESSED
YOUR MAIL CODE (9 DIGIT BILL CODE) M		ASSIGNED ROUTE(S)

TYPE OF REQUEST: ☐ RENEWAL/EXISTING STOP ☐ NEW STOP ☐ MOVE REQUEST ☐ MISCELLANEOUS

MAIL STOP INFORMATION

PHYSICAL ADDRESS

SUITE/ROOM #

CITY

SECURITY SCAN

☐ XRAY/BIO/CHEM.

_____

STOPS PER DAY

(Delivery Routes Are Pre-established. IDS Will Do All We Can To Accommodate Your Requested Time.)

☐ 1ST @ _____ A.M. or _____ P.M.

☐ 2ND @ _____ A.M. or _____ P.M.

☐ 3RD @ _____ A.M. or _____ P.M.

☐ 4TH @ _____ A.M. or _____ P.M.

☐ 5TH @ _____ A.M. or _____ P.M.

TYPE OF MAIL TO BE MOVED

(Check All That Apply)

☐ USPS ☐ FED EX OR UPS

☐ INTERDEPARTMENTAL ☐ PARCELS

☐ TREASURY ☐ COFRS

☐ OIT DATA/TAPES ☐ SPECIAL RUN/COURIER SERVICE

☐ OTHER _____

SPECIAL INSTRUCTIONS (Additional information, detailed description of work desired)